

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-17	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2003 JANUARY 1, 2004	

5. TYPE OF PLAN MATERIAL (Check One):


☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

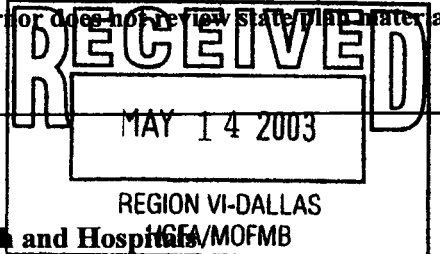
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.167 & 42 CFR 447 Subpart B	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$5,047.14 b. FFY <u>2004</u> \$20,439.84
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 9 Attachment 3.1-A, Item 24.f., Pages 1, 2, 3 Attachment 3.1-B, Page 1 Attachment 3.1-B, Page 9 Attachment 4.19-B, Item 24.f., Page 1 <i>* Pen + Ink Charges per Ltr Dated 9/25/03</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 91-26) None-New Pages Same (TN 02-08) Same (TN 97-16) None-New Page <i>* Charges per Ltr dated 9/25/03</i>
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to establish personal care services as an optional Medicaid service for categorically needy and medically needy recipients who are elderly and disabled.	

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not review state plan material


12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: May 9, 2003	



FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 14 MAY 2003	18. DATE APPROVED: 22 DECEMBER 2003
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 JANUARY 2004	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

** Pen + Ink Charges per Approval Ltr. dated 12-22-03*

State: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____ provided ☒ not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

☒ Provided: ☒ State Approved (Not Physician) Service Plan
Allowed
☒ Services Outside the Home Also Allowed
☒ Limitations Described on Attachment

_____ Not Provided.

SUPERSEDES: TN- 92-24

STATE	<u>Louisiana</u>
DATE REC'D	<u>05-17-03</u>
DATE / APP'D	<u>12-22-03</u>
DATE EFF.	<u>01-01-04</u>
HCFA 179	<u>03-17</u>

A

TN No. 03-17 Approval Date 12-22-03 Effective Date 01-01-04
SUPERSEDES: TN- 92-24
TN No. _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

Medical and Remedial Care and Services - Item 26

CITATION

42 CFR 440.167

Personal Care Services

Definition

Personal care services are defined as services furnished to an individual who is not an inpatient, or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or an institution for mental disease that are authorized for the individual by a physician in accordance with a plan of treatment or otherwise authorized for the individual in accordance with a service plan approved by the State; provided by an individual who is qualified to provide such services and who is not a member of the individual's family; and furnished in a home, and at the state's option, in another location.

Personal care services enable an individual whose needs would otherwise require placement in an acute or long term care facility to remain safely in that individual's home. Services must be prescribed by a physician and provided in accordance with an approved service plan and supporting documentation. These services must be coordinated with other Medicaid services being provided to the recipient and will be considered in conjunction with those other services.

Assessment

An assessment shall be performed for each recipient requesting personal care services. The assessment shall be utilized to identify the recipient's long term care needs, preferences, the availability of family and community supports and to develop the service plan.

Prior Authorization

Personal care services must be prior authorized. Requests for prior authorization must be submitted to the Bureau of Health Services Financing (BHSF) or its designee and include a copy of the assessment form and the service plan.

Covered Services

Personal care services provide assistance with the activities of daily living (ADL) and the instrumental activities of daily living (IADL). Assistance may be either the actual performance of the personal care task for the individual or supervision and prompting so the individual performs the task by him/herself.

SUPERSEDES: NONE - NEW PAGE

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STATE	Louisiana
DATE RECD	05-17-03
DATE APPLD	12-22-03
DATE EFF	01-01-04
HCFA 179	03-17

TN # 03-17 Approval Date 12-22-03 Effective Date 01-01-04

Supersedes
SUPERSEDES: NONE - NEW PAGE
TN # _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

ADLs are those personal, functional activities required by an individual for continued well-being, health and safety. ADLs include such tasks as: eating, bathing, dressing, grooming, transferring, reminding the recipient to take medication, ambulation, and toileting.

IADLs are those activities that are considered essential for sustaining the individual's health and safety, but may not require performance on a daily basis. IADLs include such tasks as light housekeeping, food preparation and storage, grocery shopping, laundry, assisting with scheduling medical appointments when necessary, accompanying recipient to medical appointments when necessary due to recipient's frail condition, and assisting the recipient to access transportation.

Medical Necessity Criteria

Personal care services shall be available to recipients who are elderly or disabled. Disabled is defined as meeting eligibility criteria established by the Social Security Administration (SSA) for disability benefits.

Personal care services for the elderly or disabled recipients must meet medical necessity criteria as determined by the Bureau of Health Services Financing (BHSF), and must be prior authorized by BHSF or its designee.

Personal care services are medically necessary if the recipient:

- 1) Meets the medical standards for admission to a nursing facility, including all Pre-Admissions Screening and Annual Resident Review (PASARR) requirements; and
- 2) Is able, either independently or through a responsible representative, to participate in his/her care and self-direct services provided by the personal care services worker; and
- 3) Faces a substantial possibility of deterioration in mental or physical condition or functioning if either home and community based services or nursing facility services are not provided. This criterion will be considered met if the recipient is in a nursing facility and could be discharged if community-based services were available; or requires nursing facility admission

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Louisiana	05-14-03
	12-22-03
	01-01-04
	03-17

SUPERSEDES: NONE - NEW PAGE

TN # 03-17 Approval Date 12-22-03 Effective Date 01-01-04

Supersedes: NONE - NEW PAGE

TN # _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

Personal care services for eligible children are described in Attachment 3.1-A, Item 4.b., EPSDT services.

Place of Service

Personal care services may be provided in the recipient's home or in another location outside of the recipient's home if the provision of these services allows the recipient to participate in normal life activities. The recipient's home is defined as the recipient's place of residence including his/her own home or apartment, a boarding house, or the house or apartment of a family member or unpaid primary caregiver. A hospital, an institution for mental disease, a nursing facility or an intermediate care facility for the mentally retarded are not considered to be the recipient's home.

Service Limitations

Personal care services shall be limited to up to 56 hours per week. Authorization of service hours shall be considered on a case by case basis as substantiated by the recipient's service plan and supporting documentation.

SUPERSEDES: NONE - NEW PAGE

STATE	<u>Louisiana</u>
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DATE APPOD	<u>12-22-03</u>
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MOFA 179	<u>03-17</u>

TN # 03-17 Approval Date 12-22-03 Effective Date 01-01-04

Supersedes

TN # SUPERSEDES: NONE - NEW PAGE

STATE OF LOUISIANA
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-B

Page 1

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY

GROUP(S): All Groups Listed Under C, of Attachment 2.2-A

STATE	<u>Louisiana</u>
DATE FILED	<u>05-19-09</u>
DATE APPROVED	<u>12-22-03</u>
DATE REFILED	<u>01-01-04</u>
HCFA 179	<u>03-17</u>

The following ambulatory services are provided.*

Item No.

Item No.

1. Inpatient hospital services other than those provided in an institution for mental diseases.
2.
 - a. Outpatient hospital services.
 - b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
 - c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC.
3. Other laboratory and X-ray services.
4.
 - a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 - b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
 - c. Family Planning services and supplies for individuals of child-bearing age.
5.
 - a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.
 - b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act).
6.
 - a. Podiatrists' services.
 - b. Optometrists' services.
 - c.1. Anesthetists' services.
(CRNAs & Anesthesiologists)
 - c.2. Audiologists' services.
7. Home Health Services
 - a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 - b. Home health aid services provided by a home health agency.
 - c. Medical supplies, equipment and appliances suitable for use in the home.
9. Clinic services.
12. Prescribed drugs, dentures and prosthetic devices.
 - a. Prescribed drugs.
 - c. Prosthetic devices.
13. d. Rehabilitative services.
15. Intermediate Care Facility for the Mentally Retarded (ICF/MR) services.
17. Nurse-midwife services.
18. Hospice Care
19. Optional targeted case management services.
20. Extended services for pregnant women.
21. Certified pediatric or family nurse practitioners' services.
24.
 - a. Transportation.
 - d. Nursing facility services provided for patients under 21 years of age.
26. Personal Care Services

*Description provided on Attachment 3.1-A

SUPERSEDES: TN- 02-08

TN No. 03-17 Approval Date 12-22-03 Effective Date 01-01-04

Supersedes

TN# 02-08

State/Territory: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S) : All Groups Listed Under C of Attachment 2.2-A

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.
_____ provided ☒ not provided
26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.
- ☒ Provided: ☒ State Approved (Not Physician) Service Plan Allowed
☒ Services Outside the Home Also Allowed
☒ Limitations Described on Attachment
- _____ Not Provided.

SUPERSEDES: TN- 97-16

STATE	<u>Louisiana</u>
DATE RECD	<u>05-14-03</u>
DATE FILED	<u>12-22-03</u>
DATE OF	<u>01-01-04</u>
HCFA 179	<u>03-17</u>

TN No. 03-17 Approval Date 12-22-03 Effective Date 01-01-04
Supersedes
TN No. 97-16

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR 447
Subpart B

Medical and Remedial Care
and Services
Item 26

Personal Care Services

Reimbursement Methodology

Reimbursement for personal care services is a prospective flat rate for each approved unit of service that is provided to the recipient. One quarter hour is the standard unit of service. Reimbursement shall not be authorized for the provision of less than one quarter of an hour of service.

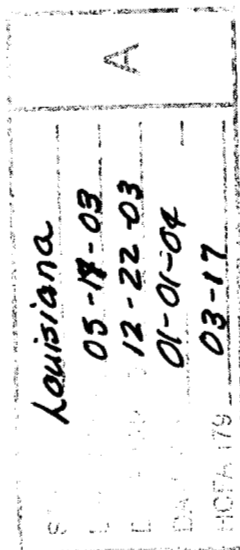
Standards for Payment

Providers shall comply with standards for participation established by the Bureau of Health Services Financing (BHSF).

Consumer Direction

Consumer direction is an alternative fiscal management process which allows recipients to actively participate in the hiring, training, and firing of direct care staff. For those individuals who select the consumer direction payment option, the Department of Health and Hospitals (DHH) will contract with qualified vendors to serve as fiscal agents through the RFP process. Consumer direction will be offered to recipients through a phase in approach beginning with DHH Regions 1, 2, and 9 during the first three years of implementation. The fiscal agents will contract to provide financial services/supports such as: submitting claims to the fiscal intermediary for payment; providing payroll functions for direct care staff; preparing monthly expenditure reports; processing mandatory federal and state employment deductions (i.e. taxes, social security); and providing income tax forms (W-2, W-4).

Note: Prior authorization is required for personal care services.



SUPERSEDES: NONE - NEW PAGE